* Promoting collaboration amongst public, private and voluntary sectors.

Deaths of children due to malnutrition

†2234. SHRIMATI SAVITA SHARDA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that a large number of children die due to malnutrition in the country;

(b) if so, whether Government would consider to take any specific steps to check it; and

(c) if so, by when and if not, the reasons therefor?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA): (a) to (c) It is estimated that malnutrition is a contributory factor in about fifty per cent of deaths in children. Several steps have been taken to improve nutritional status of children. These include, promotion of exclusive breastfeeding and appropriate complementary feeding practices. The Integrated Child Development Scheme is being implemented to provide supplementary nutrition to young children and pregnant and lactating mothers. To prevent micronutrient deficiencies of Vitamin A and Iron, prophylactic programmes are under implementation.

Medical facilities for CGHS beneficiaries in private hospitals

2235. SHRI R.P. GOENKA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether a fresh scheme has been formulated recently to allow certain categories of beneficiaries of the Central Government Health Scheme to avail of medical facilities in various private hospital also;

(b) if so, the details thereof, including the list of such private hospitals in the capital and other leading towns in the country with the specific facilities available there and their appointed liaison officers to facilitate hassle-free application of the new scheme; and

† Original notice of the question was received in Hindi.

(c) the fresh obligations/formalities enjoined on the CGHS beneficiaries and other modalities finalized for availing these facilities?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA): (a) and (b) No fresh scheme has been formulated by the Government allowing CGHS beneficiaries to take treatment in private hospitals.

Recognition of private hospitals under CGHS in various CGHS covered cities were made during the year 1996 and 1997 through O. Ms issued by the Dept. of Health which was duly circulated to all Ministries/Depts. of the Govt. of India. A fresh list of private hospitals recognised under CGHS Delhi was issued recently vide Dept. of Health's O.M. dated 7.9.2001 which has been circulated to all Ministries/Depts. of the Govt, of india. An additional list of hospitals recognised under CGHS Delhi was circulated vide Dept. of Health's O.M. dated 15.3.2002.

No Liaison Officers have been appointed by the private hospitals recognised under CGHS to cater to CGHS beneficiaries who take treatment in these hospitals.

(c) No fresh obligations/formalities have been made to enable CGHS beneficiaries take treatment in the private hospitals recognised under CGHS.

Centralised Accidents and Trauma Centres in Delhi

2236. SHRI AIMADUDDIN AHMED KHAN (DURRU):

DR. KARAN SINGH:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether a Centralised Accidents and Trauma (CAT) Scheme was launched in 1980s in Delhi;

(b) if so, the latest network in Delhi, indicating the number and details of the trauma centres operating thereunder, and the infrastructure available therefor;